



CASE PRESENTATION

Eman Aboelenein case presentation
Tanta university hospitals



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Tanta university hospitals





History :

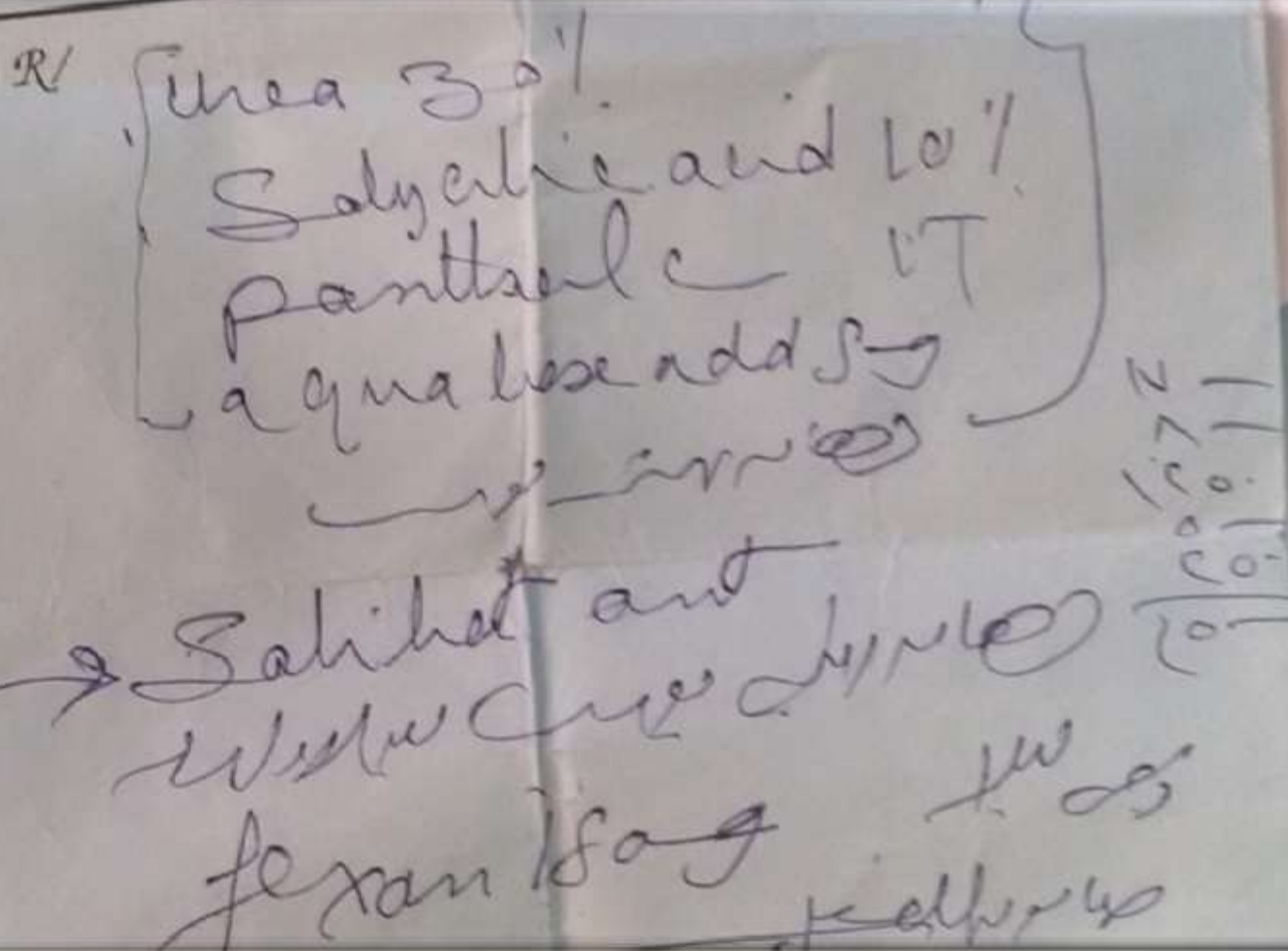
- Male patient 47 years old married from Tanta works in a petrochemical company and heavy smoker .
- His main complaint on admission was generalized edema and difficulty of breathing .





- His condition dated back to 10 days before admission when he noticed rash over his upper limbs and sought medical advice and received some topical ointments , keratolytics and systemic drugs







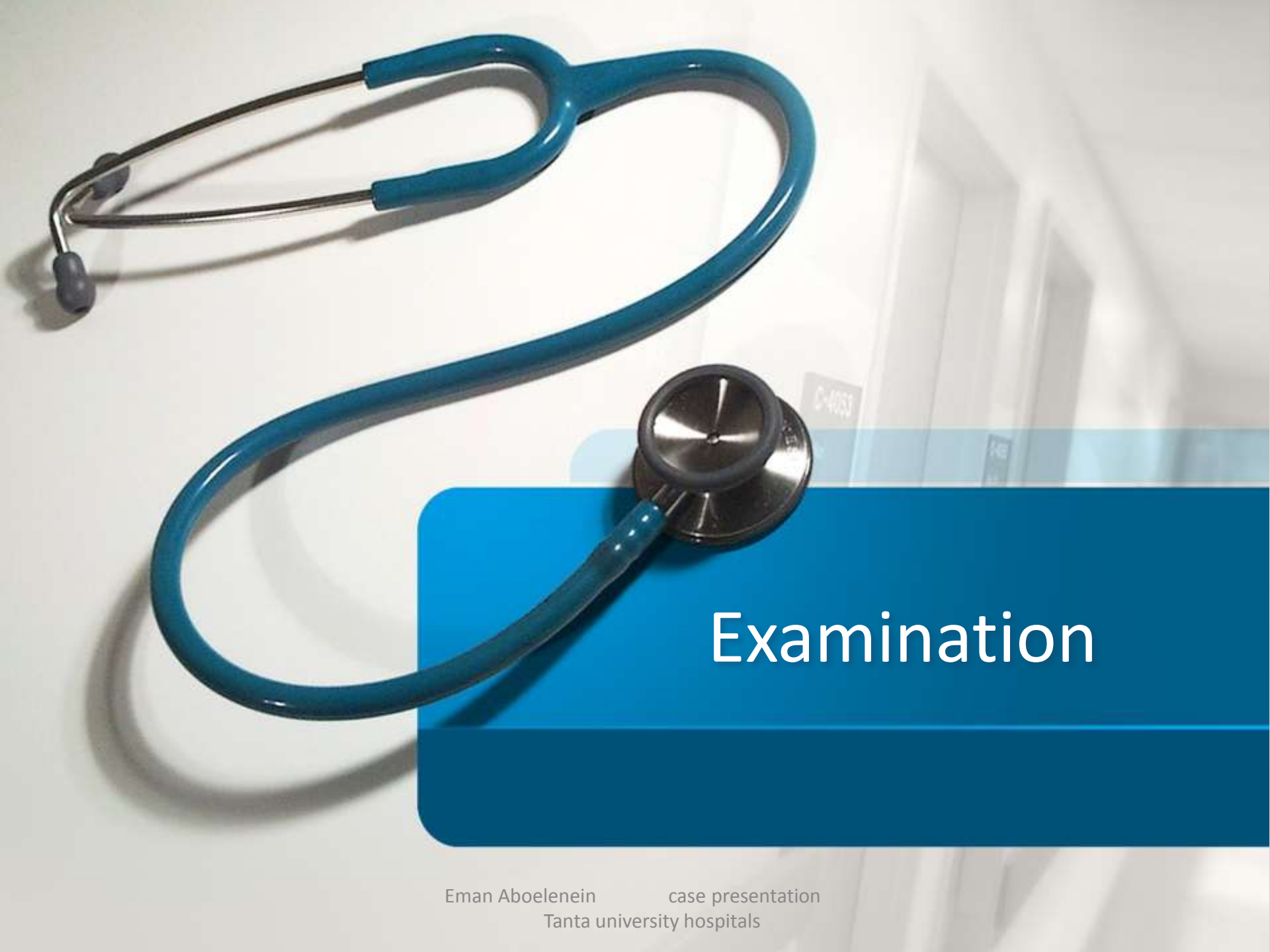
- The rash didn't improve and the patient developed lower limb edema and puffiness of eye lids with decreased urine output .
- Then over the following days difficulty of breathing also developed .





- He has a past history of HCV and did not receive any antiviral therapy.
- He has no relevant family history .





Examination

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Examination :

- His examination showed a toxic face , puffiness of his eyelids and orthopnea .
- His vitals showed high blood pressure , normal random blood sugar and oliguria .
- Chest examination : bilateral crackles .
- Extremities : lower limb pitting edema , and old disappearing rash .





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Patient did routine investigation in the form of :

- **CBC :**

HB 10.7 gm / dl .

PLT 210000 cell /mm³ .

WBC 29000 cell /mm³ .

- **CRP +96 .**





- RFTs :
creatinine 8.2 mg /dl .
urea 166 mg / dl
- ESR
1ST 50 .





- Urine analysis

Pus cells 2 -4 cell /HPF

RBCs 25 – 30 cell /HPF which was positive for
dysmorphic RBCs

24 h urine ptn 1 gm



- LFTs :
bilirubin 0.4 mg /dl .
ALT 83 iu /l .
AST 49 iu / l .
albumin 2.5 gm /dl .
prothrombin activity 100% .
INR 1 .



Arterial blood gases :

- pH :7.37
- Pco2 : 23
- Hco3 : 13.8

Electrolytes :

- Na :139
- K : 4.8





Ultrasound :

- Bilateral grade I nephropathy .
- Bilateral pleural effusion .
- Mild to moderate amount of ascites.

Chest X ray :

Bilateral bronchopneumonic patches .





Summary

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Summary



- HCV
- Rash
- Edema
- Hypertension
- R.R. Creatinine
- Oliguria
- Heamaturia







So we have a case of nephritic syndrome
mostly RPGN associated with chest
infection .





Differential Diagnosis

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Differential Diagnosis :

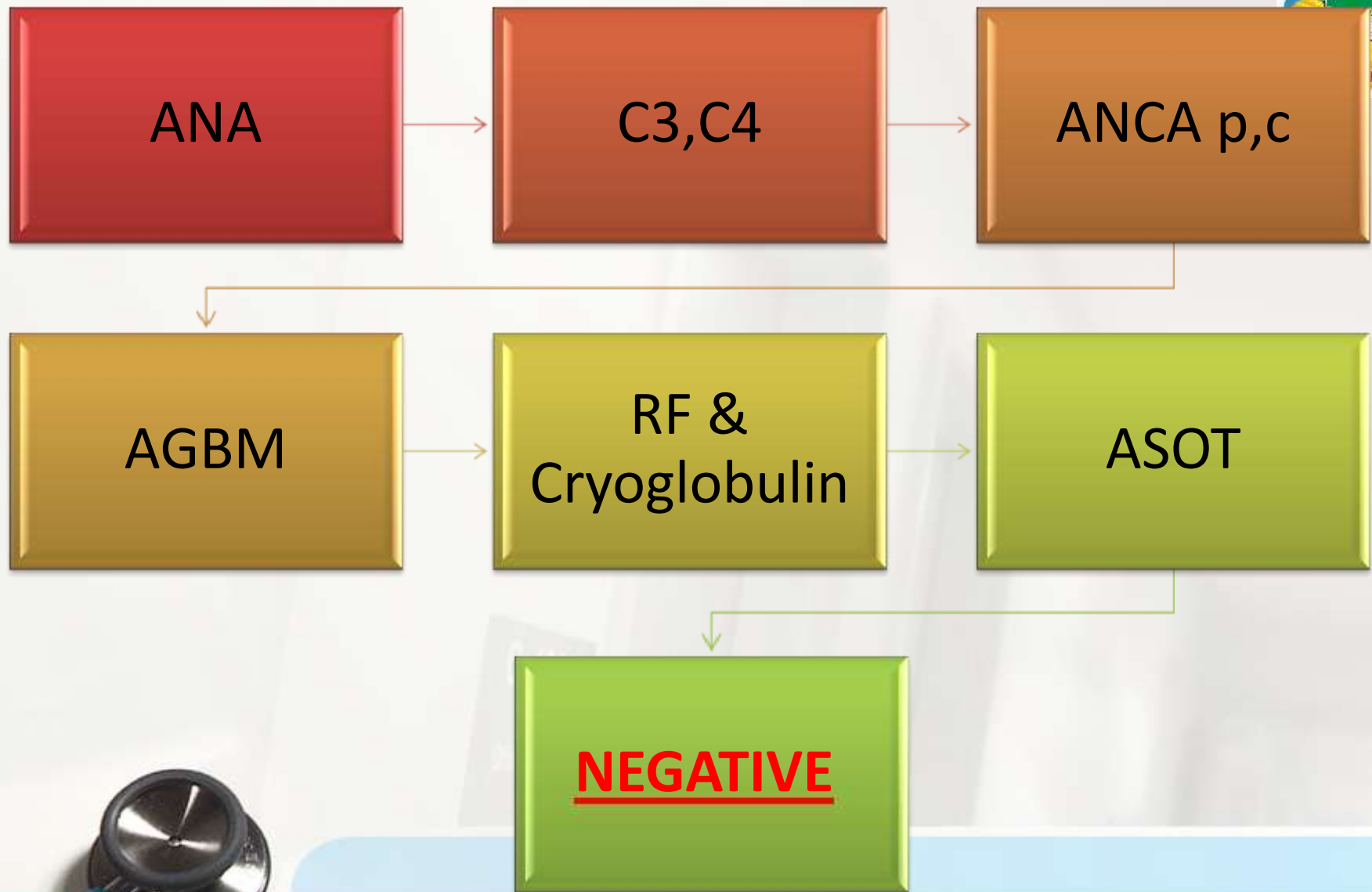
- Cryoglobineamia
- Post infectious glomerulonephritis
- SLE
- Anti GBM glomerulonephritis
- IgA nephropathy
- ANCA associated vasculitis





- The nephritic panel was ordered and showed :







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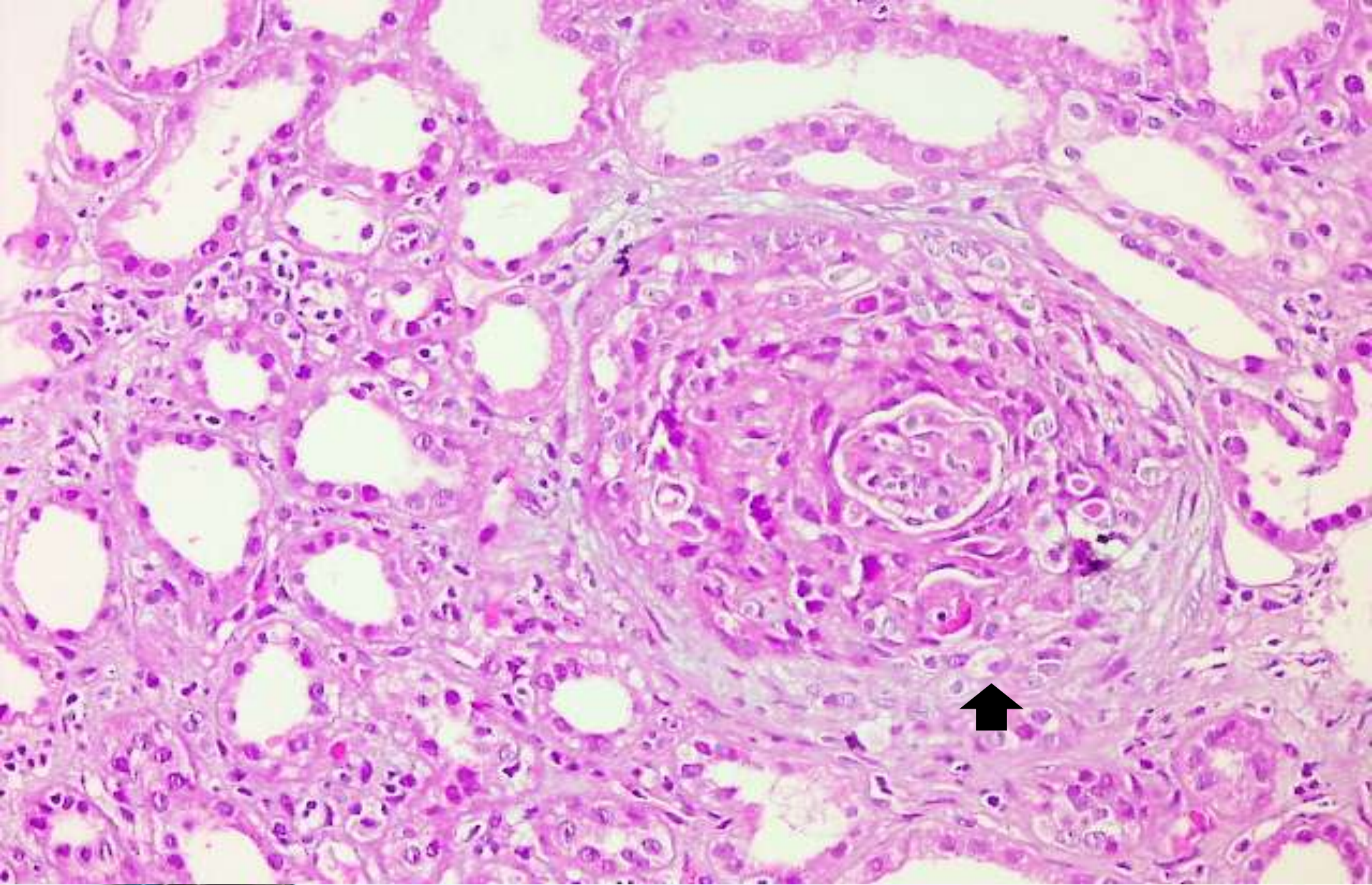
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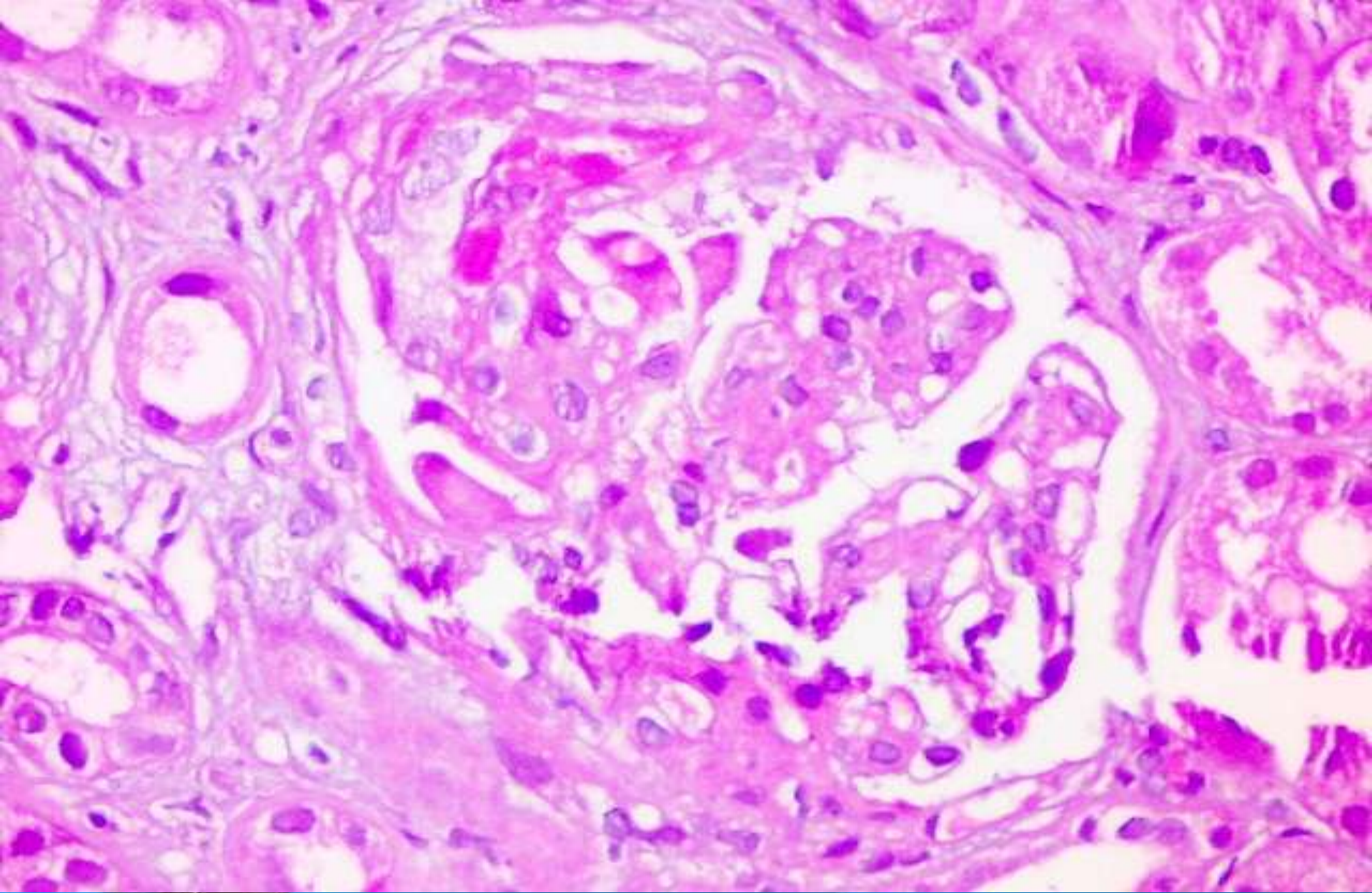


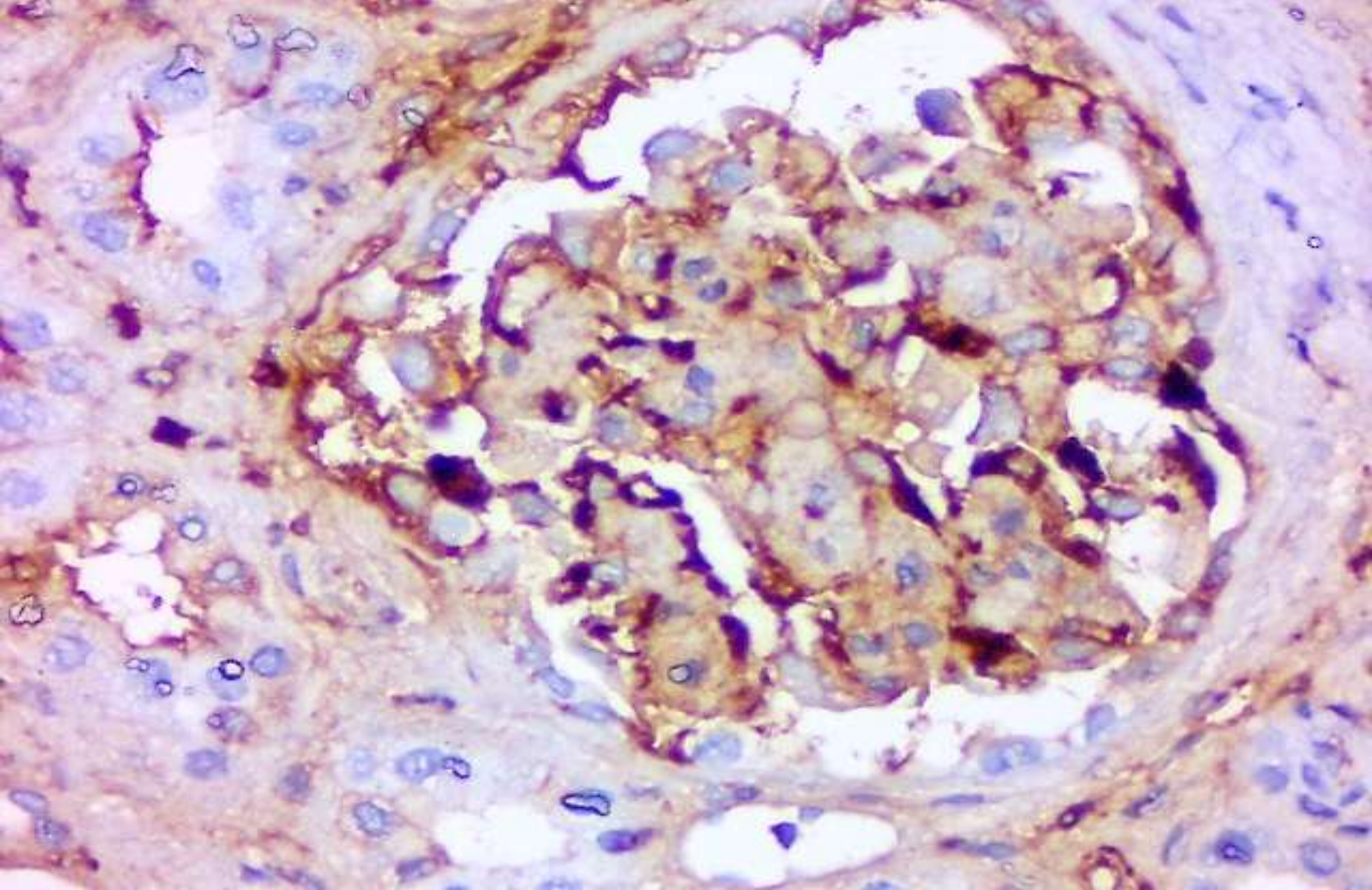


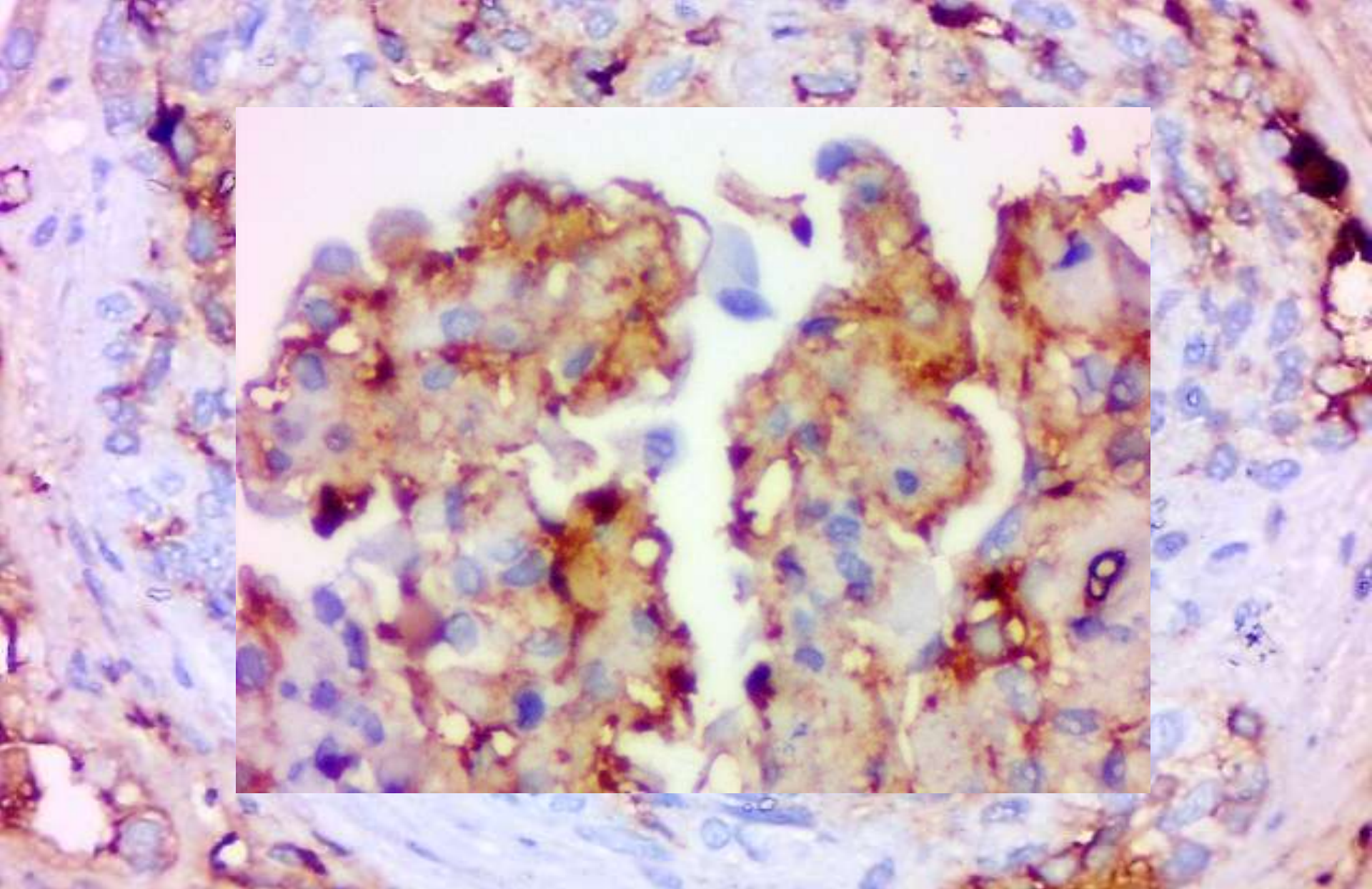
Renal biopsy

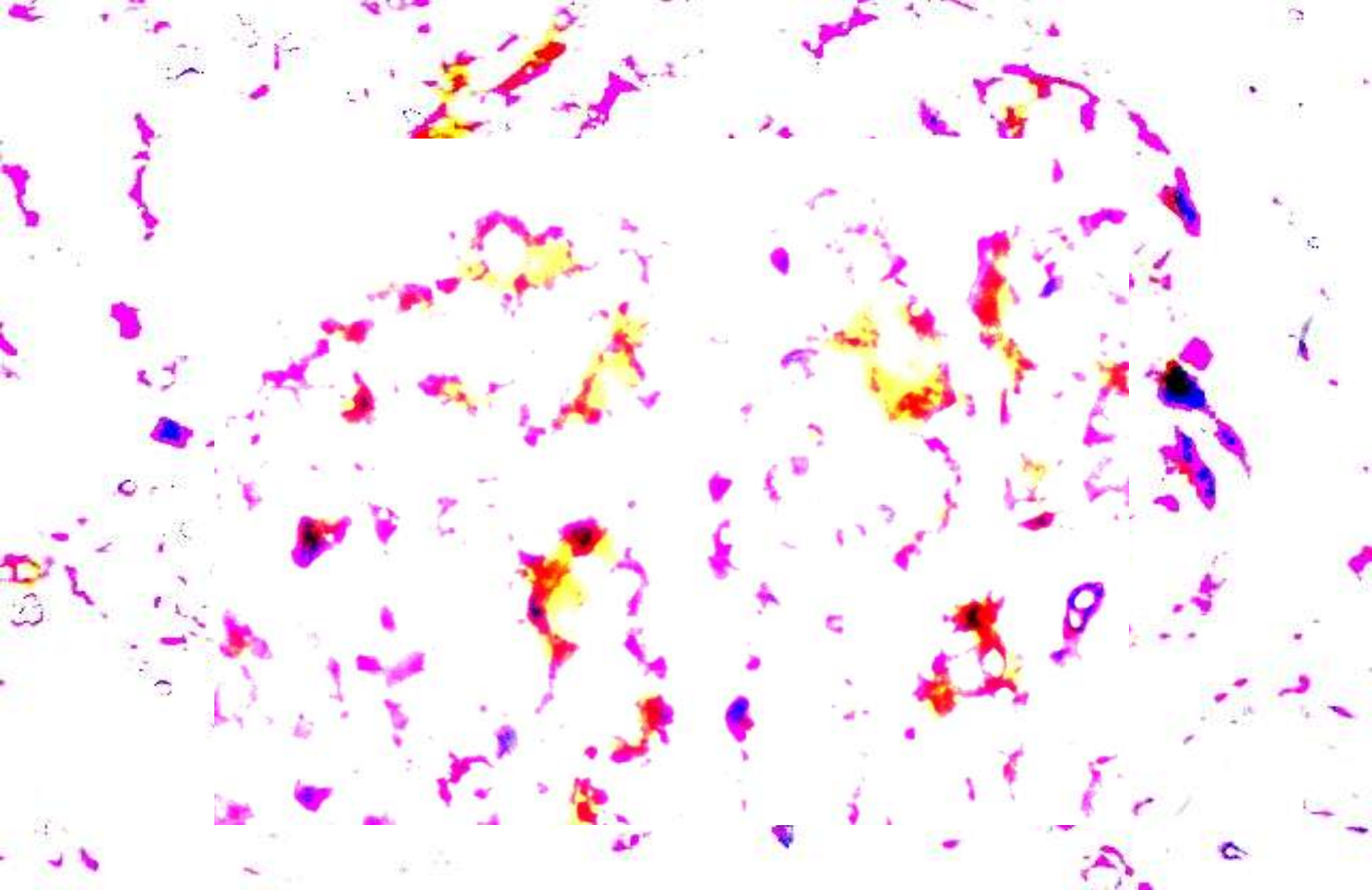
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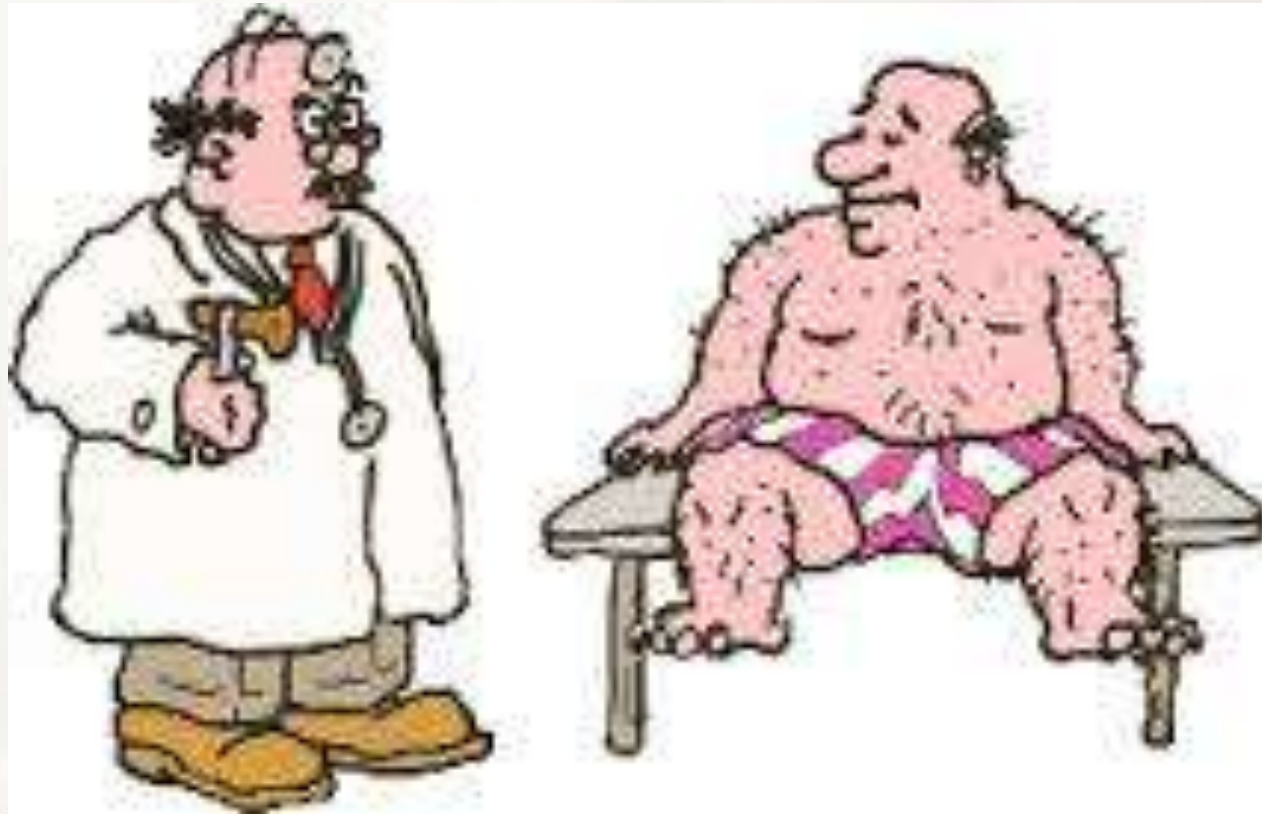












***Renal Biopsy;
Light Microscopic and Immunoperoxidase
Findings are Compatible with:***

- IgA Nephropathy with 40% Crescents and 40% Global Sclerosis**
- Mild Interstitial Fibrosis and Tubular Atrophy**
- Moderate Arteriosclerosis and Marked Arteriolar Hyalinosis**



Immunoperoxidase:

Examination revealed IgA: mesangial deposits and segmental deposits along GBM (2+).

IgG: Negative

IgM: Negative C3:







- So the patient was diagnosed as RPGN due to IgA nephropathy and received treatment in the form of
- Supportive therapy
- Pulse steroid .
- Pulse cyclophosphamide
- 7 sessions of plasmapheresis .
- RRT in the form of hemodialysis .





2 teach is

2 touch lives

4 ever





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